

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

MS22003
B
QMS DPO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>21078</u>	2. Fiscal Year Covered From <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>John P. Harran</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1289 North Diamond Bar Boulevard</u> City <u>Diamond Bar, CA 91755</u> State <u>CA</u> ZIP Code + 4 <u>91765</u>	4. Name, file number, and address of labor organization. Name <u>TRANSTARS Local 986</u> Labor Organization File Number <u>015379</u> P.O. Box, Building and Room Number, if any _____ Street <u>1198 Durfee Avenue</u> City <u>So. El Monte</u> State <u>CA</u> ZIP Code + 4 <u>91733</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

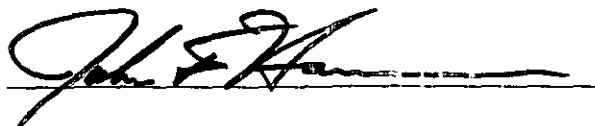
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05

Date

(626) 350-9860

Telephone Number

ATTACHMENT A

11.a. Nature of such dealing.

I am a Trustee on several Taft Hartley Plans on behalf of member's interests. The International Foundation of Employer Benefit Plans (IFEBP), provides Trustee education, training and updates.

TEAMSTERS DEATH BENEFIT TRUST FUND

Southwest Administrators, Inc.

P. O. Box 1121

Alhambra, California 91802-1121

IFEBP meetings - \$6,312.19

TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND

Southwest Administrators, Inc.

P. O. Box 1121

Alhambra, California 91802-1121

Board of Trustee Meetings - \$1,063.33

CONSTRUCTION TEAMSTERS TRUST FUND

P. O. Box 5928

El Monte, California 91734-1928

Board of Trustees Meeting - \$496.38

ATTACHMENT B

14.a. Nature of payment.

Palm Springs Riviera Hotel
1600 North Indian Canyon Drive
Palm Springs, California 92262

Gift Basket - \$30.00

Reich, Adell, Crost & Cvitan
3550 Wilshire Boulevard, Suite 200
Los Angeles, California 90010

Christmas Gift plus meals - \$180.00